

April 1, _____
(current year)

LICENSE RENEWAL NOTICE

JUNE 30, _____ TO JUNE 30, _____
(Current renewal year) (Expiration year 2 years from current renewal year)

**YOU MAY RENEW ON LINE OR BY MAIL. IF BY MAIL YOU MUST RETURN ITEMS 1 THRU 6 IN ONE PACKET
RENEWAL WILL NOT BE PROCESSED IF ITEMS SENT SEPARATELY.**

***** IF RENEWED ON LINE YOU MUST SIGN AND MAIL THIS RENEWAL NOTICE TO THE BOARD OFFICE OR RENEWAL WILL NOT BE PROCESSED*****

Forms for 1-5 are found on the web: www.state.ar.us/abec Click License Renewal

- 1. This Renewal Notice: signed and dated-Must be returned to Board office or license will not be renewed.**
- 2. Biennial Renewal Fee: LAC/LAMFT \$250.00 LPC/LMFT FEE \$300.00**
- 3. Continuing Education Report (Minimum requirement: 2 hours ethics, 22 hours general counseling including 6 hours in each specialty license you hold).**
- 4. Revised Statement of Intent, dated June 30, _____(current renewal year)**
- 5. Address Correction Form, if applicable**
- 6. Revised C.2.h. Termination and Incapacitation Plan if you have any changes for one on file (MUST BE ON OFFICIAL LETTERHEAD, SIGNED AND DATED BY YOU AND PERSON DESIGNATED IN PLAN)**
- 7. Other (if indicated)**

**RENEWAL PACKET RECEIVED BY JUNE 15 WILL AVOID DELAYS IN PROCESSING YOUR RENEWAL
PACKET MUST BE POSTMARKED BY JUNE 30 TO AVOID THE LATE FEE**

Your license expires, effective midnight, June 30 of year marked on your wallet card. If not reinstated in twelve (12) months, you must apply as a new applicant and meet all current requirements. Practice without a valid license is in violation of Arkansas Code Annotated 17-27-101 et seq.

**THE LICENSED COUNSELOR OR MARRIAGE & FAMILY THERAPIST HAS THE SOLE AND EXCLUSIVE
RESPONSIBILITY TO ENSURE THAT ALL RENEWAL FEES AND DOCUMENTS ARE RECEIVED BY THE BOARD**

I agree that by submitting this form and my payment to ARBOEC: (a) I understand the ARBOEC continuing education requirements for the license and any specialty license (if applicable) I hold; (b) I understand the current ACA or AAMFT Code of Ethics and the ARBOEC Rules and (c) I will report to ARBOEC within sixty (60) days any legal and professional matters, (complaints or other similar actions) directly or indirectly involving me. I accept responsibility for keeping myself aware of the most current requirements pertaining to (a) and (b) above.

Date _____ Print name _____
(FULL LEGAL NAME)

Signature _____
(FULL LEGAL NAME)

Arkansas Code Annotated 17-27-307. Renewal.

Biannually at the time of renewal, counselors and licensed marriage and family therapists licensed under this chapter shall be required to submit a license renewal fee to be established by the Arkansas Board of Examiners in Counseling. (2)(A) Failure to pay the biannual renewal fee within the time stated shall automatically suspend the right of any licensee to practice while delinquent. (B) The lapsed license may be renewed within a period of one (1) year after payment of all fees in arrears. (b) No license shall be renewed unless the renewal request is accompanied by evidence satisfactory to the board of the completion during the previous twenty-four (24) months of relevant professional or continued educational experience. (c) If any licensed professional counselor, licensed associate counselor, licensed marriage and family therapist, or licensed associate marriage and family therapist duly licensed under this chapter by virtue of additional training and experience is qualified to practice in a specialty other than that for which he or she was deemed competent at the time of initial licensing and wishes to offer service under the provisions of this chapter, he or she is required to submit additional credentials and he or she is to be given the opportunity to demonstrate his or her knowledge and application thereof in areas deemed relevant to his or her specialty.

**Make check payable to:
Arkansas Board of Examiners in Counseling
P.O. Box 70
Magnolia, AR 71754**